

CHAPTER 5 — EMPLOYEE'S INDIVIDUAL WRS ACCOUNT

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500 Creating a New Individual Account

To create or reactivate an individual's WRS account, an enrollment must be completed for each eligible employee. A *Wisconsin Retirement System Enrollment* (ET-2316) must be completed and submitted to ETF by the employer agent within 10 days of an employee becoming eligible. Late enrollment may cause a benefit from a previous segment of WRS covered employment to be paid in error, as well as delay application processing for ETF administered insurances.



Key Point

NOTE: The WRS enrollment should be completed and submitted to ETF by the WRS agent – not the participant.

A WRS enrollment:

- Creates an employee (participant) account at ETF;
- Adds the employee to the employer's Annual Coverage Detail Report or pre-list (not produced for electronic media reporters);
- Meets initial eligibility requirements for insurance enrollment; and
- Reactivates an employee's existing WRS account when rehired or reinstated.

An enrollment may also be submitted electronically (see Chapter 12 for electronic media reporting). ETF encourages employers to automate WRS enrollment along with other WRS reporting transactions. If you are interested in obtaining more information, contact the Employer Communication Center at (608) 264-7900.

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The numbered descriptions on the chart below correspond to the numbers on the sample form in Subchapter 501. Complete the *WRS Enrollment* (ET-2316), in a clear, legible manner, using the following instructions:

Number	Item Name	When Completing WRS Enrollment Form
1	Is Employee Receiving an Annuity from the WRS?	Check the appropriate box. If yes, refer to Chapter 15.
2	Report Date (MM/DD/CCYY)	Enter the date this transaction was added to your payroll system. Note: The report date cannot be earlier than the WRS begin date in #11, below.
3	Social Security Number	Obtain Social Security number directly from the employee's Social Security card. Attach a copy of the card to the enrollment (if available). The Social Security number becomes the employee account number for ETF. Accuracy is extremely important. Maintain a copy for your records.
4	Employee Name	Use the complete name as it appears on the Social Security card or birth certificate. Enter the last name, first name, and middle initial.
5	Address	Enter the employee's complete permanent home address.
6	Sex	Check the correct box.
7	Birthdate (MM/DD/CCYY)	Enter the date as it appears on the birth certificate. The birthdate is used for benefit entitlement calculations. The member may encounter difficulty when applying for a benefit if this date is not reported accurately.
8	Employer Name	If the employer is the State of Wisconsin, enter SOW and the name of the agency. Other employers should enter their name as it appears on their WRS Monthly Remittance Reports.
9	Statement of Benefits Distribution Code	Use of this eight-digit code is optional. You can choose one of four options to sort the Statement of Benefits by alphabetical order, zip codes, or combinations. Contact the Employer Communication Center at (608) 264-7900 for further information.
10	ETF Employer ID Number	Enter the employer identification number for social security reporting. All numbers are seven digits and begin with 69-036-.
11	Date WRS Participating Employment Began with this Employer	Enter the date (MM/DD/CCYY) WRS eligible employment began with this employer. See Chapter 3 of the WRS manual for determining eligibility. For many employees this will be their first day worked.
12	Date of Hire	Enter the date the employee started working with the employer. This date may be different from the beginning WRS participation date.
13	Employment Category	Determine the appropriate Employment Category from the categories listed in Subchapter 307.
14	Date, Signature, Title of Agent, and Telephone No.	Only the WRS agent (or alternate agent) is authorized to sign this form. The agent is certifying the information regarding the employee is correct by signing this form.

501 Sample Wisconsin Retirement System Enrollment (ET-2316)

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

WISCONSIN RETIREMENT SYSTEM ENROLLMENT

Wis. Stat. § 40.22

Is employee receiving an annuity from the WRS? ☐ NO ☐ YES **1**

If yes, do not complete this form. Instead, refer to Chapter 15 of the *WRS Administration Manual* and form ET-2319.

EMPLOYER: PLEASE TYPE OR PRINT IN INK – All Information Must Be Legible

Please refer to Chapter 5 of the WRS Administration Manual for instructions on completing this form. *Complete all*

Report Date (MM/DD/CCYY) 2	
Social Security Number 3	
Employee Name (Last, First, Middle) 4	Sex 6 <input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate (MM/DD/CCYY) 7	
Address (Street, City, State, Zip) 5	
Employer Name (If State of Wisconsin, include department) 8	Statements of Benefits Distribution Code 9
ETF Employer ID No. 10 69-036-	Date WRS Participating Employment Began With This Employer (MM/DD/CCYY) 11
Date of Hire (MM/DD/CCYY) 12	

EMPLOYMENT CATEGORY

- 13**
- ☐ 00 General Employee
 - ☐ 01 Court Reporter
 - ☐ 02 State Executive Retirement Plan [Wis. Stat. § 20.923 (4), (8), or (9)]
 - ☐ 03 Protective Occupation Under Social Security
 - ☐ 04 Protective Occupation Not Under Social Security
 - ☐ 05 Supreme Court Justice
 - ☐ 06 Legislator or State Constitutional Officer
 - ☐ 07 Court of Appeals Judge
 - ☐ 08 Circuit Judge
 - ☐ 09 Elected Official or Appointed to Fill an Elected Office
 - ☐ 10 Teacher
 - ☐ 11 Executive Teacher (State Agencies Only)
 - ☐ 12 Educational Support Personnel

AGENT MUST SIGN HERE	I hereby certify the named is an employee of this participating employer normally performing at least 600 hours of work in a year (or 1/3 of full-time if a teacher which is at least 440 hours per ETF 20.015) and is otherwise eligible as an "employee" pursuant to Wis. Stat. § 40.02 (26). I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. I certify that I am responsible for reporting coverage information to the Wisconsin Retirement System.		
	Date (MM/DD/CCYY)	Signature & Title of Agent 14	Telephone No.

Make a copy for your records and one for your employee. Submit original to address at top of form.

502 Correcting or Changing Information Submitted on the Enrollment Form

When an employee is enrolled in WRS, the information submitted on the ET-2316 becomes part of the individual's WRS account. If it is necessary to correct or change the information, the *Employee Identification Correction/Change* form (ET-2810) must be submitted.

There are eight types of account corrections for which the ET-2810 must be utilized. These corrections are listed in **Table 5.1**.

Table 5.1 – Employee Identification Correction/Change Codes

Correction Code	Used to Correct
P030	Social Security Number (Verification Required)
P031	Name
P032	Birthdate (Verification Required)
P033	Employment Begin Date
P034	Statement of Benefits Distribution Code
P035	ETF Employer Identification Number (EIN)
P036	Sex
P063	Employment Category

Instructions for completing the form are provided later in this Chapter. Subchapter 503 provides a sample of form ET-2810. Please note that the boxed numbers on the sample form correspond to the numbers in the table below. Required fields for each type of correction are indicated in **Table 5.2**, with the letter R.

Table 5.2 – Employee Identification Correction/Change (ET-2810) - Field Requirements

Fields:	Account Correction Codes							
	P030	P031	P032	P033	P034	P035	P036	P063
1. Report Date	R	R	R	R	R	R	R	R
2. Social Security Number Correct	R	R	R	R	R	R	R	R
3. Social Security Number Incorrect	R							
4. Employee Name (Last, First, Middle)	R	R	R	R	R	R	R	R
5. Sex	R	R	R	R	R	R	R	R
6. Former Name		R						
7. Address								
8. Birthdate (Correct)	R	R	R	R	R	R	R	R
9. Employment Begin Date				R				R
10. SOB Code					R			
11. ETF Employer No. (Incorrect)						R		
12. ETF Employer No. (Correct)	R	R	R	R	R	R	R	R
13. Employer Name								
14. Employment Category (Incorrect)								R
15. Employment Category (Correct)	R	R	R	R	R	R	R	R
16. Account Correction (Check Box)	R	R	R	R	R	R	R	R
17. Signature & Title of Agent/Date	R	R	R	R	R	R	R	R

R = Required Field

503 Sample Employee Identification Correction/Change (ET-2810)

Department of Employee Trust Funds
 Wisconsin Retirement System
 801 W. Badger Rd. — P.O. Box 7931
 Madison, WI 53707-7931

EMPLOYEE IDENTIFICATION CORRECTION/CHANGE

Wis. Stat. § 40.03 and 40.07

See reverse side for field requirements for each type of account correction.

PLEASE TYPE OR PRINT IN INK

Please refer to Chapter 5 of the WRS Employer Manual (ET-1127) for instructions on completing this form.

Correct Social Security Number 2					
Incorrect Social Security Number (Submit a Copy of SS Card) 3					
Employee Name (Last, First, Middle) 4	Report Date (MM/DD/CCYY) 1				
Sex <input type="checkbox"/> Male 5 <input type="checkbox"/> Female	Former Name (Birth/Married) 6				
Address (Street, City, State, Zip, Foreign Country & Mail Code — if not USA) 7					
Birthdate (MM/DD/CCYY) (Submit a copy of Birth Certificate) 8					
Date Participating Employment Began With This Employer (MM/DD/CCYY) 9	Statement of Benefits Distribution Code 10				
Incorrect ETF Employer Identification Number 11 69-036-					
Correct ETF Employer Identification Number 12 69-036-	Employer Name (if State of Wisconsin, include department) 13				
Incorrect Employment Category 14	Correct Employment Category 15				
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> ACCOUNT CORRECTION (See descriptions on other side.) <input type="checkbox"/> P030 Social Security Number (Identification required) <input type="checkbox"/> P031 Name 16 <input type="checkbox"/> P032 Birthdate (Identification required) <input type="checkbox"/> P033 Employment Begin Date <input type="checkbox"/> P034 Statement of Benefits Distribution Code <input type="checkbox"/> P035 ETF Employer Number <input type="checkbox"/> P036 Sex Indicator <input type="checkbox"/> P063 Employment Category </td> <td style="width: 50%; vertical-align: top;"> FOR ETF USE ONLY <input type="checkbox"/> P039 Coverage Begin Date _____ <input type="checkbox"/> P041 Verification (Only check this box to <u>change</u> verification code) <input type="checkbox"/> Yes <input type="checkbox"/> No SS No. Verified <input type="checkbox"/> Yes <input type="checkbox"/> No DOB Verified <input type="checkbox"/> P065 Delete incorrect employment category Incorrect Birthdate _____ <input type="checkbox"/> Keying Error </td> </tr> </table>		ACCOUNT CORRECTION (See descriptions on other side.) <input type="checkbox"/> P030 Social Security Number (Identification required) <input type="checkbox"/> P031 Name 16 <input type="checkbox"/> P032 Birthdate (Identification required) <input type="checkbox"/> P033 Employment Begin Date <input type="checkbox"/> P034 Statement of Benefits Distribution Code <input type="checkbox"/> P035 ETF Employer Number <input type="checkbox"/> P036 Sex Indicator <input type="checkbox"/> P063 Employment Category	FOR ETF USE ONLY <input type="checkbox"/> P039 Coverage Begin Date _____ <input type="checkbox"/> P041 Verification (Only check this box to <u>change</u> verification code) <input type="checkbox"/> Yes <input type="checkbox"/> No SS No. Verified <input type="checkbox"/> Yes <input type="checkbox"/> No DOB Verified <input type="checkbox"/> P065 Delete incorrect employment category Incorrect Birthdate _____ <input type="checkbox"/> Keying Error		
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504 Social Security Number Correction

The employee Social Security number is a very important form of identification. The Social Security number is used by ETF as the major identifier for each participant record. **Make sure it is correct on all forms.** Use the *Employee Identification Correction/Change* (ET-2810) to correct Social Security numbers incorrectly submitted on WRS enrollment forms.

NOTE: Under federal regulations individuals requested to furnish their Social Security numbers are to be informed that disclosure of such number is required under policies established pursuant to the authority of Wis. Stat. § 40.03 (2) (h). The number is used to maintain a record of contributions and other data needed for providing retirement benefits as well as for required reports to the Federal Internal Revenue Service.

505 Name Change

It is very important that the WRS records always carry the correct and latest legal name of the participant. The *Employee Identification Correction/Change* (ET-2810) is the *only* method available for correcting a name. To make a name change, complete the ET-2810, filling in the required fields as listed in **Table 5.2**.

506 Birthdate Correction

The birthdate is crucial in computing benefits and is used by ETF as the second identifier (in addition to the Social Security number) to further identify a participant's record. To correct a date of birth complete the ET-2810, filling in the required fields as listed in **Table 5.2**, and attach a copy of the employee's birth certificate.

507 Employment Begin Date Change

If you enrolled an employee with the wrong begin date, you will need to correct the begin date using the ET-2810. Complete the ET-2810, filling in the required fields as listed in **Table 5.2**, and attach an explanation of the reason for change.

508 Statement of Benefits Distribution Code Change

Use this code to change the Statement of Benefits Distribution Code for an employee. Complete the ET-2810 filling in the required fields as listed in **Table 5.2**.

509 ETF Employer Identification Number Correction

Use this code to correct the Employer Identification Number. Complete the ET-2810 filling in the required fields as listed in **Table 5.2**.

510 Sex Indicator Correction

Use this code to indicate the employee's sex. Complete the ET-2810 filling in the required fields as listed in **Table 5.2**.

511 Employment Category Correction

This correction can be used only if an incorrect employment category was indicated on the *WRS Enrollment* form (ET-2316) originally submitted to ETF. Complete the ET-2810 filling in the required fields as listed in **Table 5.2**.

NOTE: This form is not used to change an employee from one employment category to another due to a change in job duties. Also, this form is not used if earnings and hours have already been reported to an incorrect category. [To report current year category changes, use Category Change Action Code 10 on an *Employee Transaction Report* (ET-2533). See Chapter 10 on prior year category changes.]